



Research Article

JMR 2024; 10(1):42-44

January- February

ISSN:2395-7565

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www.medicinarticle.com

Received:07-12-2023

Accepted:26-02-2024

DOI: 10.31254/jmr.2024.10109

Death in detention in Dakar prisons: epidemiological and medicolegal aspects

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Abstract

Introduction: The death of a prisoner is a suspicious death requiring systematic medico-legal involvement to determine the circumstances and causes of death. The objective of this study is to determine the profile of people who died in detention in Dakar prisons, to analyze the epidemiological and medicolegal aspects and to propose some preventive measures. **Methodology:** This is a retrospective study analyzing the causes of death of prisoners in prisons in the Dakar region who were autopsied, from January 2014 to December 2018 in the pathological anatomy and cytology department of the Aristide Le Hospital. Dantec. The data was collected from autopsy reports upon requisition with the aim of determining the circumstances and causes of death of the detainees. Our data was collected using individual collection sheets and subsequently analyzed with Word and Excel software. **Results:** The average age of the deceased prisoners was 42.4 years. The most represented age group was between 30 and 39 years old with 02 cases/06 or 33.3% with a male predominance. The three penitentiary establishments among the eight (08) recorded cases of death in our study. The Rebeuss Prison recorded 4 cases of death, the Liberty VI Penal Camp and the Special Pavilion each recorded one (01) case of death. Regarding the circumstances of death of detainees, we have identified five (05) cases of natural deaths: three cases of cardiac arrest (myocardial infarction, and or acute pulmonary edema), one suffocation and one case of death of unknown etiology, and a violent death by firearm. **Conclusion:** Death in a prison environment must be considered suspicious, because people deprived of their liberty have the same right to respect for their life and their dignity as any other person. Our research shows that most deaths in custody are due to natural causes, untreated medical problems or violent deaths. To limit deaths in prison, authorities must take preventive measures to eradicate the causes.

Keywords: Forensic autopsy, Prison, Incarceration, Homicide.

INTRODUCTION

The death of a prisoner is a suspicious death requiring systematic medico-legal involvement, as suggested by the recommendations of the Council of Europe of 2/2/1999 relating to the harmonization of rules on autopsies forensic [1]. The person in detention is under the responsibility and protection of the judicial authority which decided on the measure. Therefore, any death among a prisoner is a priori considered suspicious until proven otherwise. The importance of addressing this sensitive topic arises from the fact that mortality data can provide valuable information about the health problems of this specific population with multiple health problems due to social, economic, environmental and behavioral risk factors. Thus, the study of this subject on death in detention in Dakar prisons makes it possible to address the administrative, judicial and medicolegal management of deaths in detention. The objective of this study is to determine the profile of people who died in detention in Dakar prisons, to analyze the epidemiological and medicolegal aspects and to propose some prevention strategies.

METHODOLOGY

This is a retrospective study analyzing the causes of death of prisoners in prisons in the Dakar region who were autopsied, from January 2014 to December 2018. This study was carried out in the department of anatomy and pathological cytology at the Aristide Le Dantec Hospital where we were interested in the cases of prisoners who died in detention and who were the subject of a denunciation by the press. The data was collected from autopsy reports upon requisition with the aim of determining the circumstances and causes of death. Our data was collected using individual collection sheets and subsequently analyzed with Word and Excel software.

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RESULTS

1. Demographic Data

Over a period from January 2014 to December 2018, we were able to identify six (06) cases of prisoners who died in Dakar prisons and who were the subject of an autopsy at the prison service. Pathological Anatomy and Cytology of HALD.

Age: The average age of the deceased prisoners was 42.4 years with extremes of 29 and 68 years. The most represented age group was between 30 and 39 years old with 02 cases/06 or 33.3%.

Gender: In our study, the deceased inmates were all male. No female detainees had died.

Location: The three penitentiary establishments among the eight (08) recorded cases of death in our study. The Rebeuss Prison recorded 4 cases of death, the Liberty VI Penal Camp and the M.A.C of the Special Pavilion each recorded one (01) case of death. Five (05) died in their rooms and one (01) prisoner died in the prison yard

2. The Circumstances of Death and Causes of Death

For our study, with regard to the circumstances of death of the prisoners, we have recorded five (05) cases of natural deaths: three cases of cardiac arrest (myocardial infarction, and or acute pulmonary edema), one suffocation and one case of death of unknown etiology. Furthermore, the violent death was concerned by one (01) case of death by firearm occurring at the Rebeuss Prison following a mutiny with confrontation between prison guards and prisoners. The elements of the autopsy report reveal: an occipital perforation of the skull associated with a subdural hemorrhage, destruction of the right cerebral hemisphere with the presence of a hole in the brain and shots in the subcutaneous area. Then The presence of another entry orifice at the level of the right shoulder crossing the skin and the upper lobe of the right lung with a right hemothorax.

DISCUSSION

1. Problems Specific To Our Study

Having not had access to the various prison establishments in Dakar and in the absence of databases and the unavailability of reports from the country's prison administration, we were only able to identify deceased prisoners autopsied at the Aristide Le Dantec Hospital. Our method does not allow us to state that all the deaths occurring in the various Dakar penitentiary establishments have been counted. The presence of constraints and the inaccessibility of prisons and the prison administration, the deaths of prisoners in Dakar prisons are in reality very high. But it turns out that many cases of prison deaths are covered up and managed with the greatest discretion. We note that not all cases of death of prisoners are subject to systematic autopsy even though the death of a prisoner is immediately a suspicious death. However, the information found in the media specializing in legal cases places the Rebeuss Correctional Prison at the top of the list followed by the Special Pavilion Prison and Correction. And also reveal that on average, 50 prisoners lose their lives behind bars [2], as shown by reports from the management of the prison administration.

2. Demographic Data

The deaths in prison in our series most often concerned young adult males. This constant is the same in the series of Bhana and Southall [3,4]. In our study no female prisoners died. This is due to the fact that the prison population of Senegal is mainly made up of male individuals, i.e. 8707 inmates (96.5%) compared to 312 female inmates (3.5%) [5]. And this can be explained by the fact that we did not have all the data allowing us to know the number and names of all the prisoners who died during our study period. Based on scientific data, that is to say the deaths which were the subject of autopsies at the HALD level, we

realized that all the deaths of prisoners in the prisons of Dakar and Senegal in general are not subject to systematic autopsy. And that these are rare cases of death of detainees who had raised controversies or whose families had claimed to shed light on their causes of death, apart from that the deaths of detainees in Senegal and in prisons in Dakar do not the subject of autopsy which constitutes a disadvantage. According to the recommendation on the harmonization of rules on medico-legal autopsies of the Council of Europe [1], medico-legal autopsies should be carried out in all cases of obvious or suspected unnatural death and whatever either this post-mortem period, it is particularly recommended to carry out a medico-legal autopsy in cases of death in detention or associated with police or military actions.

3. Analysis of Places of Deaths

In the penitentiary establishments of Dakar, the total number of prisoners is greater than the reception capacity with an occupancy rate which exceeds the total capacity. Living conditions do not meet international standards. The Rebeuss House of Arrest and Correction occupies more than half of the country's prisoners with 62.3% of prisoners in long pre-trial detention [2]. It was built during the colonial period for a capacity of 800 people. It currently has 3,000, resulting in conditions contrary to basic human rights rules or 375% of its capacity. These poor conditions will contribute to the spread of contagious diseases among prisoners. As for prison overcrowding, it constitutes a difficulty faced by many penitentiary establishments, particularly in France [6]. In France [7], as of November 1, 2017; 69,307 people were detained for 58,681 operational places, 1,638 people were reduced to sleeping on a mattress on the ground. The overall prison density rate was 118% and that observed in remand centers was 141%, with peaks of 200% as in the Île-de-France remand centers.

4. Medical Aspects

Deaths from natural causes

Deaths from natural causes represent 83.3% of recorded deaths, i.e. 5 cases of death out of the 6 deaths of prisoners. Causes of natural origin represent the leading cause of death in our study. A study carried out from 2010 to 2012 in Istanbul [8] on autopsies carried out on deceased prisoners and people in police custody in relation to 125 cases shows similar results with ours. Natural deaths represented a large majority of deaths (83.2%). The most common natural cause was cardiovascular diseases as in our study where almost all deaths were of cardiovascular origin such as myocardial infarction (MI). In another study carried out in the United States between 1995 and 2005 which compared the causes of death of white and black prisoners in North Carolina [9], shows that cardiovascular causes were the leading causes of death, followed by cancers then infections. In Senegal, no recent study on prisoner mortality and its causes has been carried out.

Deaths by homicide

In our series, violent death by homicide represents 16.6% of deaths (01 cases of death by homicide). The low homicide rate hardly diminishes the importance and the problem posed by homicide in prison because we are waiting for a judicial investigation to be opened to determine responsibilities. Homicide, whether voluntary or involuntary, must be the subject of an investigation to determine responsibilities. Every inmate has the right to security even in prison and to serve his sentence peacefully. In the Kim^[10] and Wolff^[11] series, the suicide rate in the prison population was higher and higher than that of the general population. Suicidal behavior is much more frequent in the prison population than in the general population [12,13] and suicide constitutes one of the leading causes of death in prison despite apparently "limited" access to lethal means. The prison environment constitutes a veritable concentration of stress factors [14]. Several of these factors can considerably increase the risk of suicide. According to literature

data, hanging is a frequent means of suicide in detention centers [15, 16], given the radical and easily achievable nature of this suicidal method

CONCLUSION

All Death in a prison environment must be considered suspicious because the person deprived of liberty has the right, like any other person, to have their life and dignity respected. Our study shows that deaths in detention are mostly due to natural causes, linked to untreated pathologies, or violent deaths. Imperative measures are necessary in order to limit these deaths in prison. Thus, we recommend:

- The improvement of prison health coverage,
- The improvement of the care of prisoners in places of detention,
- The creation of prison medicine services in each prison
- The systematic medical examination of all inmates to prevent illness.
- The replacement of long preventive detentions with the use of electronic bracelets or house arrest
- The requirement of an autopsy for any detainee who dies in detention and initiate any necessary investigation into suspicious deaths.

Conflict of Interest

The author declare no conflict of interest.

Funding

None declared.

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